Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
MIDDLE DISTRICT OF TENNESSEE	-	
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	rt 1:	Identify Yourself				
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
1.	Your	full name				
	Write the name that is on your government-issued	government-issued	GEORGE First name	TERESA First name		
	exan	re identification (for nple, your driver's se or passport).	GREGG Middle name	ANN Middle name		
	Bring your picture identification to your meeting with the trustee.		BUSHULEN Last name and Suffix (Sr., Jr., II, III)	BUSHULEN Last name and Suffix (Sr., Jr., II, III)		
2.	used	ther names you have I in the last 8 years de your married or				
		len names.				
3.	your num Indiv	the last 4 digits of Social Security ber or federal ridual Taxpayer tification number	xxx-xx-6381	xxx-xx-6487		

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names		■ I have not used any business name or EINs. Business name(s)	■ I have not used any business name or EINs. Business name(s) EINs			
5.	160 CATTAIL LANE		If Debtor 2 lives at a different address:			
Hendersonville, TN 37075 Number, Street, City, State & ZIP Code		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		Sumner County	County			
	If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.		If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)			

Debtor 1 **GEORGE GREGG BUSHULEN** Debtor 2 TERESA ANN BUSHULEN Case number (if known) Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy 7. The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No. bankruptcy within the last 8 years? ☐ Yes. When District Case number When District Case number When Case number District 10. Are any bankruptcy ■ No cases pending or being ☐ Yes. filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? Debtor Relationship to you When Case number, if known District Debtor Relationship to you When Case number, if known District 11. Do you rent your Go to line 12. No.

Has your landlord obtained an eviction judgment against you?

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of

No. Go to line 12.

this bankruptcy petition.

residence?

☐ Yes.

	tor 1 GEORGE GREGG tor 2 TERESA ANN BUS		EN		Case number (if known)	
Par	13: Report About Any Bu	sinesses	You Own as	s a Sole Proprie	tor	
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	o. Go to Part 4.			
		☐ Yes.	Name ar	Name and location of business		
A sole proprietorship is a business you operate as N an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			Name of	f business, if any		
	If you have more than one sole proprietorship, use a separate sheet and attach		Number,	, Street, City, Stat	e & ZIP Code	
	it to this petition.		Check th	he appropriate bo	x to describe your business:	
			□ H	Health Care Busir	ness (as defined in 11 U.S.C. § 101(27A))	
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))	
				Stockbroker (as d	efined in 11 U.S.C. § 101(53A))	
				Commodity Broke	r (as defined in 11 U.S.C. § 101(6))	
			□ N	None of the above		
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i> debtor?	deadlines operation	s. If you indic	cate that you are statement, and f	court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of ederal income tax return or if any of these documents do not exist, follow the procedure	
	For a definition of small	■ No.	I am not filing under Chapter 11.			
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filin Code.	I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.		
		☐ Yes.	I am filin	g under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.	
Par	t 4: Report if You Own or	Have Any	Hazardous	s Property or An	y Property That Needs Immediate Attention	
14.	Do you own or have any property that poses or is	■ No.				
	alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is the	e hazard?		
	public health or safety? Or do you own any property that needs immediate attention?			te attention is hy is it needed?		
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is th	ne property?		

Number, Street, City, State & Zip Code

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

DCL	TERESA ANN BU	SHULLIN			Odde Hambe		
Par	t 6: Answer These Quest	ions for Repo	rting Purposes				
16.	What kind of debts do you have?	inc	Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."				
			No. Go to line 16b.				
			Yes. Go to line 17.				
			e your debts primarily busine oney for a business or investme				
			No. Go to line 16c.				
			Yes. Go to line 17.				
		16c. Sta	ate the type of debts you owe th	at are not consu	mer debts or busines	s debts	
17.	Are you filing under Chapter 7?	■ No. I a	m not filing under Chapter 7. Go	to line 18.			
	Do you estimate that after any exempt property is excluded and		m filing under Chapter 7. Do you e paid that funds will be available			erty is excluded and administrative expenses	
	administrative expenses		No				
	are paid that funds will be available for		Yes				
	distribution to unsecured creditors?						
18.	How many Creditors do	1 -49		1 ,000-5,000)	□ 25,001-50,000	
	you estimate that you owe?	□ 50-99		□ 5001-10,00	0	5 0,001-100,000	
		100-199		10,001-25,0	000	☐ More than100,000	
		200-999					
19.	How much do you estimate your assets to	\$0 - \$50,0		\$1,000,001		\$500,000,001 - \$1 billion	
	be worth?	□ \$50,001 - ■ \$100,001		□ \$10,000,00 □ \$50,000,00	1 - \$50 million 1 - \$100 million	☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion	
		□ \$500,001 □ \$500,001			01 - \$500 million	☐ More than \$50 billion	
20.	How much do you	□ \$0 - \$50,0	000	□ \$1,000,001	- \$10 million	☐ \$500,000,001 - \$1 billion	
	estimate your liabilities to be?	\$50,001		\$10,000,00		\$1,000,000,001 - \$10 billion	
		■ \$100,001 □ \$500,001		_ : ' '	1 - \$100 million 01 - \$500 million	☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion	
		— \$300,001	- \$1 IIIIIIOI1				
Par	Sign Below						
For	you	I have exami	ned this petition, and I declare u	under penalty of	perjury that the inforn	nation provided is true and correct.	
		If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.					
If no attorney represents me and I did not pay or agree to pay someone who is not an attodocument, I have obtained and read the notice required by 11 U.S.C. § 342(b).					t an attorney to help me fill out this		
		I request relie	ef in accordance with the chapte	er of title 11, Unit	ed States Code, spec	cified in this petition.	
		I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.					
		/s/ GEORG	E GREGG BUSHULEN		/s/ TERESA ANN		
		GEORGE O	REGG BUSHULEN Debtor 1		TERESA ANN B Signature of Debtor		
		Executed on	December 26, 2018		Executed on Dec	cember 26, 2018	
			MM / DD / YYYY			/ DD / YYYY	

Debtor 1	GEORGE GREGG BUSHULEN
Debtor 2	TERESA ANN BUSHULEN

Case number (if known)	
------------------------	--

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Daniel T.	Castagna	Date	December 26, 2018
Signature of A	ttorney for Debtor		MM / DD / YYYY
Daniel T. Ca	stagna 22721		
Printed name			
Flexer Law,	PLLC		
Firm name			
1900 Churcl	h Street, Suite 400		
Nashville, T	N 37203		
Number, Street, Cit	ty, State & ZIP Code		
			cm-ecf@jamesflexerconsumerlaw.co
Contact phone	(615)- 255-2893	Email address	m
22721 TN			
Bar number & State	9		<u></u>

Fill	in this information to identify	y your case:			
		REGG BUSHULEN			
	First Name	Middle Name	Last Name		
Deb	tor 2 TERESA AN	NN BUSHULEN			
(Spo	use if, filing) First Name	Middle Name	Last Name		
Unit	ed States Bankruptcy Court for	r the: MIDDLE DISTRIC	CT OF TENNESSEE		
Coo	a numbar				
(if kno				□ Chec	k if this is an
				_	ded filing
Sul Be a infor your	s complete and accurate as mation. Fill out all of your so original forms, you must fill	possible. If two married possible. If two married possible first; then compout a new Summary and	es and Certain Statistical Information people are filing together, both are equally responsible follete the information on this form. If you are filing amend check the box at the top of this page.	or supplyir	
Part	1: Summarize Your Asset	ts			
				Your a	ssets of what you own
1.	Schedule A/B: Property (Off	ficial Form 106A/B)		\$	202,000.00
	.,	·	- A/D	· —	·
		, , ,	e A/B	\$	14,700.00
	1c. Copy line 63, Total of all p	property on Schedule A/B		\$	216,700.00
Part	2: Summarize Your Liabil	lities			
					iabilities nt you owe
2.	Schedule D: Creditors Who H 2a. Copy the total you listed in		roperty (Official Form 106D) nim, at the bottom of the last page of Part 1 of Schedule D	\$	166,381.00
3.	Schedule E/F: Creditors Who 3a. Copy the total claims from	o Have Unsecured Claims (m Part 1 (priority unsecure	Official Form 106E/F) d claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from	m Part 2 (nonpriority unsec	eured claims) from line 6j of Schedule E/F	\$	73,638.00
			Your total liabilities	\$	240,019.00
Part	3: Summarize Your Incom	ne and Expenses			
4.	Schedule I: Your Income (Offi				
4.			hedule I	\$	3,933.00
5.	Schedule J: Your Expenses (Copy your monthly expenses		J	\$	2,243.00
Part	4: Answer These Question	ons for Administrative an	d Statistical Records		
6.	Are you filing for bankrupto ☐ No. You have nothing to	•	or 13? orm. Check this box and submit this form to the court with yo	our other sc	hedules.
7.	■ Yes What kind of debt do you ha	ave?			
			numer debts are those "incurred by an individual primarily for nes 8-9g for statistical purposes. 28 U.S.C. § 159.	a personal	, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

9,412.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total clair	n
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

	GEORG	SE GR	EGG BUSHUL	EN				
	First Name		Middle	Name	Last Name			
Debtor 2 Spouse, if filing		A ANI	N BUSHULEN Middle	Name	Last Name			
Inited State	es Bankruptcy Co	urt for	the: MIDDLE DI	STRIC	T OF TENNESSEE			
	. ,		<u> </u>					
Case numb	er							Check if this is a amended filing
_	Form 106 dule A/B:							12/15
Do you ow	vn or have any lega	ıl or equ			Estate You Own or Have an Interest In lence, building, land, or similar property?			
	CATTAIL LANE	ther desc	ription	What	t is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative	the amou	nt of any secure	aims or exemptions. Put d claims on <i>Schedule D:</i> ns Secured by Property.
160 C Street ac	ddress, if available, or o	TN State	37075-0000 ZIP Code	■	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare	Current ventire pro	alue of the pperty? 202,000.00 the nature of y	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$202,000.0 our ownership interest
160 C Street ac	ddress, if available, or o	TN	37075-0000		Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only	Current ventire prosperite (such as a life esta	alue of the pperty? 202,000.00 the nature of y	current value of the portion you own? \$202,000.0 cur ownership interest ancy by the entireties, of

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property

Part 2: Describe Your Vehicles

page 1

Debt Debt			REGG BUSHULEN N BUSHULEN		ase number (if known)	
3. C a	ars, vans	s, trucks, tract	ors, sport utility ve	hicles, motorcycles		
	No					
	Yes					
3.1	Make:	NISSAN		Who has an interest in the property? Check one		ured claims or exemptions. Put
	Model:	MAXIMA		Debtor 1 only		secured claims on Schedule D: ve Claims Secured by Property.
	Year:	2012		Debtor 2 only	Current value of	the Current value of the
	Approx	imate mileage:	62,000	■ Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other in	nformation:		☐ At least one of the debtors and another		
				☐ Check if this is community property (see instructions)	\$10,000	\$10,000.00
.p.	ages you	u have attacheribe Your Perso	ed for Part 2. Write	n for all of your entries from Part 2, including a that number hereems terest in any of the following items?		\$10,000.00 Current value of the portion you own?
		d goods and f : Major applian	urnishings ces, furniture, linens	, china, kitchenware		Do not deduct secured claims or exemptions.
	l No	,	,	,		
	Yes. D	escribe				
			SUITE \$250, KIT \$150, REFRIGE APPLIANCES \$ WORKS OF AR	TE \$500, DINING ROOM SUITE \$250, LIVIN TCHEN UTENSILS \$50, STOVE \$200, DISH RATOR \$200, MICROWAVE \$150, MISC. 50, WASHER \$150, DRYER \$150, LINENS \$ T/WALL HANGINGS \$50, HAND TOOLS/PO AWN EQUIPMENT \$200	WASHER \$50,	\$2,500.00
E	No	: Televisions a		eo, stereo, and digital equipment; computers, printe ledia players, games	ers, scanners; music c	ollections; electronic devices
			3 TVS \$600, DV PHONES \$100	D PLAYER/DVDS \$50, COMPUTER \$200, 2	CELL	\$950.00
E	xamples No		figurines; paintings, ons, memorabilia, co	prints, or other artwork; books, pictures, or other and lectibles	rt objects; stamp, coin,	or baseball card collections;

Official Form 106A/B Schedule A/B: Property page 2

	ebtor 1 ebtor 2	GEORGE GE TERESA AN					Case number	(if known)	
9.		ent for sports ares: Sports, photo musical instru	graphic,		er hobby (equipment; bicycles, p	pool tables, golf clubs, ski	s; canoes a	and kayaks; carpentry tools;
	☐ Yes.	Describe							
10.	Firearm Examp ■ No		s, shotgu	ns, ammunition, a	nd related	d equipment			
	☐ Yes.	Describe							
11.	Clothes Examp ☐ No		othes, fur	s, leather coats, d	lesigner v	vear, shoes, accessor	ies		
	Yes.	Describe							
			CLOT	HING					\$500.00
12.	□ No		welry, co:	stume jewelry, enç	gagemen	t rings, wedding rings,	heirloom jewelry, watche	es, gems, g	old, silver
			MISC.	JEWELRY					\$200.00
	□ No ■ Yes.	Describe	3 DOG	ss					\$0.00
	■ No	her personal an			id not alı	eady list, including	any health aids you did	not list	
15						ncluding any entries	s for pages you have att	ached	\$4,150.00
		scribe Your Finan							
D	you ow	n or have any i	egal or e	quitable interest	in any o	the following?			Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	■ No		·	our wallet, in your		·	nd on hand when you file	your petition	on
						certificates of deposit; ne same institution, lis	shares in credit unions, but each.	orokerage h	nouses, and other similar
	_					Institution name:			
			17.1.	CHECKING	-	REGIONS			\$500.00

Official Form 106A/B

Schedule A/B: Property

page 3

Best Case Bankruptcy

Debtor 1 Debtor 2

GEORGE GREGG BUSHULEN TERESA ANN BUSHULEN

		17.2.	SAVINGS	REGIONS	\$50.00
18	Bonds, mutual funds, or Examples: Bond funds, ir			brokerage firms, money market accounts	
	■ No □ Yes		Institution or issue	er name:	
19	Non-publicly traded stoe joint venture	ck and	interests in inco	rporated and unincorporated businesses, including an interest	in an LLC, partnership, and
	■ No □ Yes. Give specific infor		about themne of entity:		
20	Negotiable instruments in	nclude p	ersonal checks, c	gotiable and non-negotiable instruments cashiers' checks, promissory notes, and money orders. transfer to someone by signing or delivering them.	
	☐ Yes. Give specific inform		about them uer name:		
21	■ No	A, ERIS	SA, Keogh, 401(k)	, 403(b), thrift savings accounts, or other pension or profit-sharing p	olans
	Yes. List each account		ely. of account:	Institution name:	
22		deposit	s you have made	so that you may continue service or use from a company nt, public utilities (electric, gas, water), telecommunications compan	ies, or others
	☐ Yes			Institution name or individual:	
23	Annuities (A contract for	a period	dic payment of mo	oney to you, either for life or for a number of years)	
	☐ Yes Issu	ier nam	e and description.		
24	26 U.S.C. §§ 530(b)(1), 52			qualified ABLE program, or under a qualified state tuition pro	gram.
	■ No □ YesInst	itution n	ame and descript	tion. Separately file the records of any interests.11 U.S.C. § 521(c):	
25	. Trusts, equitable or futu ■ No	re inte	ests in property	(other than anything listed in line 1), and rights or powers exe	rcisable for your benefit
	☐ Yes. Give specific infor	mation	about them		
26	Examples: Internet doma			and other intellectual property eeds from royalties and licensing agreements	
	No☐ Yes. Give specific infor	mation	about them		
27	Licenses, franchises, ar Examples: Building perm No Yes. Give specific infor	its, excl	usive licenses, co	bles operative association holdings, liquor licenses, professional license	es
P.5			ลมบนเ เทษกา		Current value of the
IVI	oney or property owed to	you?			Current value of the portion you own? Do not deduct secured claims or exemptions.

Official Form 106A/B Schedule A/B: Property page 4

	ebtor 1 ebtor 2	GEORGE GREGG BUSHULEN TERESA ANN BUSHULEN	Case number (if known)	
28.	■ No	unds owed to you Give specific information about them, including whether you	already filed the returns and the tax years	
20				
2 9.	■ No	oles: Past due or lump sum alimony, spousal support, child su	upport, maintenance, divorce settlement, property so	ettlement
	⊔ Yes.	Give specific information		
30.	Examp	Imounts someone owes you Ides: Unpaid wages, disability insurance payments, disability benefits; unpaid loans you made to someone else	benefits, sick pay, vacation pay, workers' compens	ation, Social Security
	■ No □ Yes.	Give specific information		
31.		ts in insurance policies bles: Health, disability, or life insurance; health savings accou	int (HSA); credit, homeowner's, or renter's insurance	е
		Name the insurance company of each policy and list its value Company name:	e. Beneficiary:	Surrender or refund value:
32.	If you a	erest in property that is due you from someone who has are the beneficiary of a living trust, expect proceeds from a lifue has died.		ve property because
	■ No □ Yes.	Give specific information		
33.		against third parties, whether or not you have filed a law les: Accidents, employment disputes, insurance claims, or right		
	_	Describe each claim		
34.	Other o	contingent and unliquidated claims of every nature, inclu	ding counterclaims of the debtor and rights to s	et off claims
	_	Describe each claim		
35.	_ `	ancial assets you did not already list		
	■ No □ Yes.	Give specific information		
36		he dollar value of all of your entries from Part 4, includin art 4. Write that number here		\$550.00
Pa	rt 5: Des	scribe Any Business-Related Property You Own or Have an Inter	est In. List any real estate in Part 1.	
_	Do you o	own or have any legal or equitable interest in any business-relate	ed property?	
	_	to Part 6. So to line 38.		
Pa		scribe Any Farm- and Commercial Fishing-Related Property You own or have an interest in farmland, list it in Part 1.	Own or Have an Interest In.	
46.		own or have any legal or equitable interest in any farm-	or commercial fishing-related property?	
	_	Go to Part 7. Go to line 47.		
		_		

Describe All Property You Own or Have an Interest in That You Did Not List Above

Official Form 106A/B Schedule A/B: Property

page 5

Debtor 1	GEORGE GREGG BUSHULEN
Debtor 2	TERESA ANN BUSHULEN

Case number (if known)

53.	Do you have oth	er property of a	ny kind you d	did not already list?
-----	-----------------	------------------	---------------	-----------------------

Examples: Season tickets, country club membership

☐ Yes. Give specific information.......

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Part	t 8:	List the Totals of Each Part of this Form				
55.	Part	1: Total real estate, line 2				\$202,000.00
56.	Part :	2: Total vehicles, line 5		\$10,000.00		
57.	Part :	3: Total personal and household items, line 15		\$4,150.00		
58.	Part 4	4: Total financial assets, line 36		\$550.00		
59.	Part :	5: Total business-related property, line 45		\$0.00		
60.	Part	6: Total farm- and fishing-related property, line 52		\$0.00		
61.	Part	7: Total other property not listed, line 54	+	\$0.00		
62.	Total	personal property. Add lines 56 through 61	_	\$14,700.00	Copy personal property total	\$14,700.00

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$216,700.00

Doc 1

Fill in this information to identify your case:							
Debtor 1	GEORGE GREGO	BUSHULEN					
	First Name	Middle Name	Last Name				
Debtor 2	TERESA ANN BU	SHULEN					
(Spouse if, filing)	First Name	Middle Name	Last Name				
United States Bankruptcy Court for the:		MIDDLE DISTRICT OF	TENNESSEE				
Case number _				☐ Check if this is an amended filing			

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:	Identity the Property You Claim as Exempt	

Γē	identify the Property You Claim as E	xempt								
1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.										
	■ You are claiming state and federal nonban	kruptcy exemptions.	11 U.S	S.C. § 522(b)(3)						
	☐ You are claiming federal exemptions. 11 t	J.S.C. § 522(b)(2)								
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.									
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption					
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.						
	2012 NISSAN MAXIMA 62,000 miles	\$10,000.00		\$10,000.00	Tenn. Code Ann. § 26-2-103					
	Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit						
	BEDROOM SUITE \$500, DINING	\$2,500.00		\$2,500.00	Tenn. Code Ann. § 26-2-103					
	ROOM SUITE \$250, LIVING ROOM SUITE \$250, KITCHEN UTENSILS \$50, STOVE \$200, DISHWASHER \$150, REFRIGERATOR \$200, MICROWAVE \$150, MISC. APPLIANCES \$50, WASHER \$150, DRYER \$150, LINENS \$50, WORKS OF ART/WALL HANGINGS \$50, HAND TOOLS/ Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit						
	3 TVS \$600, DVD PLAYER/DVDS \$50, COMPUTER \$200, 2 CELL PHONES	\$950.00		\$950.00	Tenn. Code Ann. § 26-2-103					
	\$100 Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit						
	CLOTHING Line from Schedule A/B: 11.1	\$500.00		\$500.00	Tenn. Code Ann. § 26-2-104					
	LINE HOLL SCHEUUR AVD. 11.1			100% of fair market value, up to any applicable statutory limit						

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

GEORGE GREGG BUSHULEN Debtor 1 **TERESA ANN BUSHULEN** Debtor 2 Case number (if known) Brief description of the property and line on Amount of the exemption you claim Current value of the Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B **MISC. JEWELRY** Tenn. Code Ann. § 26-2-103 \$200.00 \$200.00 Line from Schedule A/B: 12.1 100% of fair market value, up to any applicable statutory limit **CHECKING: REGIONS** Tenn. Code Ann. § 26-2-103 \$500.00 \$500.00 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit **SAVINGS: REGIONS** Tenn. Code Ann. § 26-2-103 \$50.00 \$50.00 Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit

3.	you claiming a homestead exemption of more than \$160,375? bject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. No
	Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
	□ No □ Yes

Fill in this information t	o identify you	r case:					
Debtor 1 GEO		G BUSHULEN Middle Name Last Name					
	ESA ANN B						
(Spouse if, filing) First N		Middle Name Last Name					
United States Bankruptcy	Court for the:	MIDDLE DISTRICT OF TENNESSEE					
Case number							
(if known)		<u>_</u>		☐ Check	☐ Check if this is an		
				ameno	ded filing		
Official Form 106	D						
Schedule D: C	_ reditors	Who Have Claims Secure	ed by Property	y	12/15		
		f two married people are filing together, both are			tion. If more space		
		out, number the entries, and attach it to this form.					
1. Do any creditors have cla	ims secured by	your property?					
☐ No. Check this box	k and submit th	nis form to the court with your other schedules.	You have nothing else to	report on this form.			
Yes. Fill in all of the	e information b	pelow.					
Part 1: List All Secur	ed Claims						
		nore than one secured claim, list the creditor separate		Column B	Column C		
		a particular claim, list the other creditors in Part 2. As all order according to the creditor's name.	Do not deduct the	Value of collateral that supports this	Unsecured portion		
2.1 GHERTNER AND	СО	Describe the property that secures the claim:	value of collateral. \$0.00	claim \$0.00	If any \$0.00		
Creditor's Name		RE: WATERFORD CROSSING					
		HOA RMP: \$160.00					
413 7TH AVE S		As of the date you file, the claim is: Check all that					
Nashville, TN 37	203	apply. Contingent					
Number, Street, City, State	e & Zip Code	☐ Unliquidated					
Who owes the debt? Che	ck one	Disputed Nature of lien. Check all that apply.					
Debtor 1 only	CK OHE.	An agreement you made (such as mortgage or s	escured				
Debtor 2 only		car loan)	secureu				
Debtor 1 and Debtor 2 or	•	Statutory lien (such as tax lien, mechanic's lien)					
☐ At least one of the debtor☐ Check if this claim relat		☐ Judgment lien from a lawsuit ☐ Other (including a right to offset)					
community debt	es to a	Other (including a right to offset)					
Date debt was incurred		Last 4 digits of account number					
2.2 US Bank Home I	Mortgage	Describe the property that secures the claim: 160 CATTAIL LANE Hendersonville,	\$166,381.00	\$202,000.00	\$0.00		
oroanor o manie		TN 37075 Sumner County					
Attn: Bankruptc	У	RMP: 1,020.00					
PO Box 5229		As of the date you file, the claim is: Check all that apply.					
Cincinnati, OH 4	-	Contingent					
Number, Street, City, State	e & Zip Code	☐ Unliquidated ☐ Disputed					
Who owes the debt? Che	ck one.	Nature of lien. Check all that apply.					
Debtor 1 only		■ An agreement you made (such as mortgage or s	secured				
Debtor 2 only		car loan) Statutory lien (such as tax lien, mechanic's lien)					
■ Debtor 1 and Debtor 2 or ☐ At least one of the debtor		☐ Judgment lien from a lawsuit					
☐ Check if this claim relat		Other (including a right to offset)					
community debt							

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 2

Debtor 2 TE	rst Name ERESA AI rst Name	Middle Name NN BUSHULEN Middle Name	Last Name Last Name		
			Last Name		
First	rst Name	Middle Name	Last Name		
Date debt was		Opened 07/13 Last Active 12/04/18	Last 4 digits of account number	3657	

Add the dollar value of your entries in Column A on this page. Write that number here: \$166,381.00

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here: \$166,381.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page 2 of 2

Fill in this	information to identify your ca	se:			
Debtor 1	GEORGE GREGG E	BUSHUL FN			
	First Name	Middle Name	Last Name	-	
Debtor 2	TERESA ANN BUSI			_	
(Spouse if, fili	ing) First Name	Middle Name	Last Name		
United Sta	ates Bankruptcy Court for the:	MIDDLE DISTRICT O	F TENNESSEE	_	
Case num	her				
(if known)					Check if this is an
					amended filing
O#:-:-I	Γο. wee. 400Γ/Γ				
	Form 106E/F	a Hava Haaa	arrad Claima		40/45
	ule E/F: Creditors Wh		CURED CIAIMS 1 PRIORITY claims and Part 2 for creditors with		12/15
Schedule Da left. Attach t name and ca	: Creditors Who Have Claims Secure	ed by Property. If more If you have no informa	n 106G). Do not include any creditors with parti space is needed, copy the Part you need, fill it tion to report in a Part, do not file that Part. On	out, number the	entries in the boxes on the
	creditors have priority unsecured of				
_ `	• •	ciainis against your			
	Go to Part 2.				
☐ Yes		Unaccured Claims			
	List All of Your NONPRIORITY				
_ `	r creditors have nonpriority unsecu				
∐ No.	You have nothing to report in this part	t. Submit this form to the	court with your other schedules.		
Yes	i.				
unsecu	red claim, list the creditor separately for	or each claim. For each o	order of the creditor who holds each claim. If a colaim listed, identify what type of claim it is. Do not I at 3.If you have more than three nonpriority unsecu	ist claims already	ncluded in Part 1. If more
					Total claim
4.1 A I	DVANCED HEALTH PARTNI	ERS Last 4 dig	gits of account number		\$853.00
D/ P(onpriority Creditor's Name /B/A HASLAM HAND CENTE O BOX 292367	ER When was	s the debt incurred?		
	ashville, TN 37229-2367 umber Street City State Zlp Code	As of the	date you file, the claim is: Check all that apply		
	ho incurred the debt? Check one.	7.0 0. 11.0	and you me, me claim to chook an anat apply		
	Debtor 1 only	☐ Conting	gent		
	Debtor 2 only	☐ Unliqui	=		
	Debtor 1 and Debtor 2 only	☐ Dispute			
	At least one of the debtors and anoth	_ '	ONPRIORITY unsecured claim:		
	Check if this claim is for a commu		nt loans		
de	the claim subject to offset?	☐ Obligat	tions arising out of a separation agreement or divol priority claims	rce that you did no	t
-	l _{No}	☐ Debts t	to pension or profit-sharing plans, and other similar	debts	
	l _{Yes}	Other.	Specify		

Debtor 1 GEORGE GREGG BUSHULEN Debtor 2 TERESA ANN BUSHULEN Case number (if known) AFFILIATED CREDITORS INC 4.2 Last 4 digits of account number \$297.00 Nonpriority Creditor's Name PO BOX 292617 When was the debt incurred? Nashville, TN 37229-2617 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify ALL KNOWN ACCOUNTS ☐ Yes 4.3 **Capital One** Last 4 digits of account number 8902 \$342.00 Nonpriority Creditor's Name Attn: Bankruptcv Opened 12/17 Last Active PO Box 30285 When was the debt incurred? 7/20/18 Salt Lake City, UT 84130 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Credit Card** Other. Specify 4.4 Comenitybank/New York Last 4 digits of account number 8940 \$354.00 Nonpriority Creditor's Name Attn: Bankruptcy Dept Opened 04/18 Last Active When was the debt incurred? 8/03/18 PO Box 182125 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated

debt

■ No

☐ Yes

Doc 1

Type of NONPRIORITY unsecured claim:

■ Other. Specify Charge Account

☐ Disputed

☐ Student loans

report as priority claims

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

☐ At least one of the debtors and another

☐ Check if this claim is for a community

☐ Obligations arising out of a separation agreement or divorce that you did not

☐ Debts to pension or profit-sharing plans, and other similar debts

Debtor 1 GEORGE GREGG BUSHULEN Case number (if known) Debtor 2 TERESA ANN BUSHULEN 4.5 CREDIT CONTROL, LLC Last 4 digits of account number \$0.00 Nonpriority Creditor's Name 5757 PHANTOM DR STE 330 When was the debt incurred? Hazelwood, MO 63042 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No **RE: CAPITAL ONE N.A.** ■ Other. Specify NOTICE ONLY ☐ Yes 4.6 **Credit First National Association** \$595.00 Last 4 digits of account number 5432 Nonpriority Creditor's Name Opened 10/13 Last Active Attn: Bankruptcy PO Box 81315 When was the debt incurred? 12/17/15 Cleveland, OH 44181 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes Dillards Card Srvs/Wells Fargo \$2,009.00 3060 4.7 Last 4 digits of account number **Bank Na** Nonpriority Creditor's Name Opened 01/15 Last Active PO Box 10347 When was the debt incurred? 11/13/15 Des Moines, IA 50306 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only □ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim:

Official Form 106 E/F

debt

■ No

☐ Yes

■ Other. Specify Charge Account

☐ Student loans

report as priority claims

☐ At least one of the debtors and another

Is the claim subject to offset?

☐ Check if this claim is for a community

☐ Obligations arising out of a separation agreement or divorce that you did not

Debts to pension or profit-sharing plans, and other similar debts

Debtor Debtor	1 GEORGE GREGG BUSHULEN 2 TERESA ANN BUSHULEN	Case number (if known)	
4.8	DR. MICHAEL DIAZ	Last 4 digits of account number	\$286.00
	Nonpriority Creditor's Name 105 GLEN OAK BLVD SUITE 200	When was the debt incurred?	
	Hendersonville, TN 37075 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify	
	FINANCIAL DECRONOIDI E DEDE		
4.9	FINANCIAL RESPONSIBLE DEBT COLLECTION	Last 4 digits of account number	\$2,632.00
	Nonpriority Creditor's Name PO BOX 2856 Chesapeake, VA 23327-2856	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	□ 0-ratio-rant	
	Debtor 2 only	☐ Contingent	
	_	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans	
	Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No □ Yes	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify RE: MARINER FINANCE, LLC	
		- Other. Specify	
4.1 0	FIRST FINANCIAL ASSET MGMT, INC.	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name GLOBAL RECEIVABLE PORTFOLIO SOLUTIONS	When was the debt incurred?	
	3091 GOVERNORS LAKE DRIVE, SUITE 500 Norcross, GA 30071		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	RE: SUNTRUST BANK INC NOTICE ONLY	

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Debtor 1 GEORGE GREGG BUSHULEN Debtor 2 TERESA ANN BUSHULEN Case number (if known) 4.1 **Fortiva** 6503 \$462.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Opened 10/17 Last Active PO Box 105555 When was the debt incurred? 11/24/17 Atlanta, GA 30348 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.1 Freedom Road Financial 0069 \$2,483.00 Last 4 digits of account number Nonpriority Creditor's Name ATTN: Bankruptcy Dept. Opened 11/14 Last Active When was the debt incurred? 10509 Professional Circle, Suite 202 11/08/16 Reno, NV 89521 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify VEHICLE DEFICIENCY ☐ Yes 4.1 Harley Davidson Financial 0754 \$2,000.00 Last 4 digits of account number 3 Nonpriority Creditor's Name Opened 08/14 Last Active Attn: Bankruptcy PO Box 22048 When was the debt incurred? 9/28/18 Carson City, NV 89721 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed

Official Form 106 E/F

debt

■ No

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

Type of NONPRIORITY unsecured claim:

■ Other. Specify VEHICLE DEFICIENCY

☐ Student loans

report as priority claims

Page 5 of 15

At least one of the debtors and another

Is the claim subject to offset?

☐ Check if this claim is for a community

☐ Obligations arising out of a separation agreement or divorce that you did not

 \square Debts to pension or profit-sharing plans, and other similar debts

TERESA ANN BUSHULEN	Case number (if known)	
He Stark Col	Last 4 digits of account number 7852	\$327.00
Nonpriority Creditor's Name Attn: Bankruptcy PO Box 45710 Madison, WI 53744	When was the debt incurred? Opened 11/16	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
☐ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you report as priority claims	did not
■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Collection Attorney INDIAN LAKE SURGERY CENTER	
HENDERSONVILLE MEDICAL CENTER	Last 4 digits of account number	\$1,623.00
Nonpriority Creditor's Name PO BOX 740757 Cincinnati, OH 45274-0757	When was the debt incurred?	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
☐ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
■ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
\square Check if this claim is for a community	Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you report as priority claims	did not
No	Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify	
LABPLUS LLC	Last 4 digits of account number	\$144.00
Nonpriority Creditor's Name 8085 RIVERS AVE #100	When was the debt incurred?	
Charleston, SC 29406 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
☐ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
■ Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	Obligations arising out of a separation agreement or divorce that you	did not
Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other Specify ALL KNOWN ACCOUNTS	

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Schedule E/F: Creditors Who Have Unsecured Claims

Debtor 1 GEORGE GREGG BUSHULEN Debtor 2 TERESA ANN BUSHULEN Case number (if known) 4.1 LVNV Funding/Resurgent Capital 7142 \$1,153.00 Last 4 digits of account number Nonpriority Creditor's Name C/o Resurgent Capital Services When was the debt incurred? **Opened 01/17** Greenville, SC 29602 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only □ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No **Factoring Company Account CAPITAL ONE** ☐ Yes Other. Specify 4.1 MCCARTHY, BURGESS, & WOLFF \$596.00 Last 4 digits of account number Nonpriority Creditor's Name THE MB&W BUILDING When was the debt incurred? 26000 CANNON ROAD Bedford, OH 44146 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts RE: CREDIT FIRST, N.A. - FIRESTONE ☐ Yes ■ Other. Specify COMPLETE AUTO CARE 4.1 MICHAEL JACOB, II \$0.00 Last 4 digits of account number 9 Nonpriority Creditor's Name When was the debt incurred? **PO BOX 948 Oxford, MS 38655** Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another

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debt

■ No

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

☐ Student loans

report as priority claims

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☐ Check if this claim is for a community

☐ Obligations arising out of a separation agreement or divorce that you did not

DOCKET # 2018-CV-5322

☐ Debts to pension or profit-sharing plans, and other similar debts

NOTICE ONLY

Other. Specify DOCKET # 2018-CV-5321

Is the claim subject to offset?

Debtor 1 GEORGE GREGG BUSHULEN Debtor 2 TERESA ANN BUSHULEN Case number (if known) MIDDLE TENNESSEE IMAGING, 4.2 \$1,104.00 0 LLC Last 4 digits of account number Nonpriority Creditor's Name 75 REMITTANCE DRIVE When was the debt incurred? **SUITE 6013** Chicago, IL 60675-6013 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify ALL KNOWN ACCOUNTS ☐ Yes 4.2 3006 \$509.00 Midland Funding Last 4 digits of account number Nonpriority Creditor's Name 2365 Northside Dr Ste 300 Opened 06/16 When was the debt incurred?

2000 Northiside Dr Ote 000	Willow Was the about mountain.	Opened our ro
San Diego, CA 92108 Number Street City State Zlp Code	As of the date you file, the claim i	in Chark all that apply
Who incurred the debt? Check one.	As of the date you file, the claim i	s: Спеск ан that арру
Debtor 1 only	☐ Contingent	
■ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not
No	Debts to pension or profit-sharin	g plans, and other similar debts
Yes	■ Other. Specify Factoring C BANK	Company Account SYNCHRONY

Nonpriority Creditor's Name Attn: Bankruptcy When was the debt incurred? **Opened 01/17** PO Box 67015 Harrisburg, PA 17106 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection Attorney ASPEN DENTAL ☐ Yes

Last 4 digits of account number

4114

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4.2 2

Schedule E/F: Creditors Who Have Unsecured Claims

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\$186.00

National Recovery Agency

Debtor 1 GEORGE GREGG BUSHULEN Debtor 2 TERESA ANN BUSHULEN Case number (if known) 4.2 Nissan Motor Acceptance 3657 \$30,130.00 Corp/Infinity Lt 3 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Opened 09/15 Last Active PO Box 660360 When was the debt incurred? 5/13/16 Dallas, TX 75266 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify **NISSAN MOTOR ACCEPTANCE** 4.2 \$0.00 **CORPORATION** Last 4 digits of account number Nonpriority Creditor's Name P.O. BOX 660366 When was the debt incurred? Dallas, TX 75266-0366 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify NOTICE ONLY ☐ Yes NPAS. INC \$0.00 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 99400 When was the debt incurred? Louisville, KY 40269 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed

Official Form 106 E/F

debt

■ No

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

Type of NONPRIORITY unsecured claim:

☐ Student loans

report as priority claims

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☐ At least one of the debtors and another

Is the claim subject to offset?

☐ Check if this claim is for a community

 \square Obligations arising out of a separation agreement or divorce that you did not

■ Other. Specify RE: HENDERSONVILLE MEDICAL CENTER

lacktriangled Debts to pension or profit-sharing plans, and other similar debts

NOTICE ONLY

Debtor 1 GEORGE GREGG BUSHULEN Debtor 2 TERESA ANN BUSHULEN Case number (if known) 4.2 **PATHGROUP** \$276.00 Last 4 digits of account number 6 Nonpriority Creditor's Name PO BOX 740858 When was the debt incurred? Cincinnati, OH 45274-0858 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.2 **Portfolio Recovery** 5938 \$1,083.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 41021 When was the debt incurred? **Opened 07/16** Norfolk, VA 23541 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated

Type of NONPRIORITY unsecured claim:

 \square Obligations arising out of a separation agreement or divorce that you did not

☐ Disputed

☐ Student loans

report as priority claims

■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	■ Other. Specify BANK	Company Account SYNCHRONY	
Portfolio Recovery	Last 4 digits of account number	8344	\$679.00
Nonpriority Creditor's Name PO Box 41021 Norfolk, VA 23541	When was the debt incurred?	Opened 07/16	
Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
Who incurred the debt? Check one.			
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	■ Other. Specify Factoring (BANK	Company Account SYNCHRONY	

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

debt

4.2

☐ At least one of the debtors and another

☐ Check if this claim is for a community

	1 GEORGE GREGG BUSHULEN 12 TERESA ANN BUSHULEN	Case number (if known)	
4.2 9	PREMIER ORTHOPAEDIC SURGERY CENTER LLC	Last 4 digits of account number	\$1,849.00
	Nonpriority Creditor's Name 394 HARDING PLACE, SUITE 100 Nashville, TN 37211	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.3	PREMIER RADIOLOGY	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name 28 WHITE BRIDGE RD. Nashville, TN 37205	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	Yes	RE: SAINT THOMAS HEALTH NOTICE ONLY	
4.3	PREMIERE CREDIT OF NORTH AMERICA, LLC	Last 4 digits of account number	\$2,012.00
	Nonpriority Creditor's Name PO BOX 199014	When was the debt incurred?	
	Indianapolis, IN 46219 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	2	
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	- Shock it this claim is for a community		

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debt

■ No

☐ Yes

Is the claim subject to offset?

Schedule E/F: Creditors Who Have Unsecured Claims

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 $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

ALL KNOWN ACCOUNTS

■ Other. Specify RE: ASSOCIATED PATHOLOGISTS LLC

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Debtor 1 GEORGE GREGG BUSHULEN Debtor 2 TERESA ANN BUSHULEN Case number (if known) SAINT THOMAS MEDICAL 4.3 \$35.00 2 **PARTNERS** Last 4 digits of account number Nonpriority Creditor's Name ATTN #13380E When was the debt incurred? PO BOX 14000 Belfast, ME 04915 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.3 SECOND ROUND SUB LLC \$1,467.00 Last 4 digits of account number 3 Nonpriority Creditor's Name 1701 DIRECTORS BLVD When was the debt incurred? Austin, TX 78744 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: \square At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.3 **SECOND ROUND SUB LLC** \$1,598.00 Last 4 digits of account number Nonpriority Creditor's Name 1701 DIRECTORS BLVD When was the debt incurred? Austin, TX 78744

Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify

Debtor 1 GEORGE GREGG BUSHULEN Debtor 2 TERESA ANN BUSHULEN Case number (if known) 4.3 ST THOMAS WEST HOSPITAL \$7,549.00 Last 4 digits of account number 5 Nonpriority Creditor's Name PO BOX 501052 When was the debt incurred? Saint Louis, MO 63150-1052 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify ALL KNOWN ACCOUNTS ☐ Yes 4.3 **SUMNER COUNTY ER** \$429.00 Last 4 digits of account number 6 Nonpriority Creditor's Name 555 HARTSVILLE PIKE When was the debt incurred? Gallatin, TN 37066 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.3 **Suntrust Bank** 4921 \$2.965.00

Last 4 digits of account number

Nonpriority Creditor's Name Attn: Bankruptcy

Mail Code VA-RVW-6290 PO Box 85092

Richmond, VA 23286

Number Street City State Zlp Code

Who incurred the debt? Check one.

Debtor 1 only

Debtor 2 only

■ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community

debt

Is the claim subject to offset?

■ No ☐ Yes

When was the debt incurred?

Opened 01/14 Last Active

10/20/15

As of the date you file, the claim is: Check all that apply

☐ Contingent

■ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

 \square Obligations arising out of a separation agreement or divorce that you did not

report as priority claims

 \square Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Credit Card

	1 GEORGE GREGG BUSHULEN 2 TERESA ANN BUSHULEN		Case number (if known)	
4.3 8	TENNESSEE HEART AND VASCULAR	Last 4 digits of account number		\$215.00
	Nonpriority Creditor's Name PO BOX 740776	When was the debt incurred?		
-	Cincinnati, OH 45274-0776 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	to of the date yearing, the claim	on concan that apply	
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	_	Type of NONPRIORITY unsecure	d claim:	
	At least one of the debtors and another	Student loans	u ciaini.	
	☐ Check if this claim is for a community debt Is the claim subject to offset?		aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharir	ng plans, and other similar debts	
	Yes	Other. Specify		
4.3 9	TENNESSEE ORTHOPAEDIC ALLIANCE	Last 4 digits of account number		\$3,034.00
	Nonpriority Creditor's Name PO BOX 9124	When was the debt incurred?		
	Minneapolis, MN 55480-9124	when was the dept incurred?		
-	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify ALL KNOW	/N ACCOUNTS	
4.4	Wells Fargo	Last 4 digits of account number	8451	\$2,362.00
	Nonpriority Creditor's Name Attn: Bankruptcy PO Box 51193	When was the debt incurred?	Opened 02/14 Last Active 11/13/15	
	Los Angeles, CA 90051	- As a full a late of the discretization		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	П.		
		☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed	d alaim.	
	At least one of the debtors and another	Type of NONPRIORITY unsecure	u Ciaiiii.	
	☐ Check if this claim is for a community debt Is the claim subject to offset?		aration agreement or divorce that you did not	
	_	report as priority claims Debts to pension or profit-sharir	og plans, and other similar dabte	
	No	Li Debis to pension or profit-sharir	iy pians, and other similar debts	

Part 3: List Others to Be Notified About a Debt That You Already Listed

Doc 1

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

■ Other. Specify Charge Account

Official Form 106 E/F

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

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Debtor 1	GEORGE GREGG BUSHULEN
Debtor 2	TERESA ANN BUSHULEN

Case number (if known)

have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
	01	On the Alberta	01	Total Claim
Total	6f.	Student loans	6f.	\$ 0.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 73,638.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 73,638.00

Fill in this information to identify your case:								
Debtor 1	GEORGE GREGG BUSHULEN							
	First Name	Middle Name	Last Name					
Debtor 2	TERESA ANN BUSHULEN							
(Spouse if, filing)	First Name	Middle Name	Last Name					
United States Bankruptcy Court for the:		MIDDLE DISTRICT OF TENNESSEE						
Case number _								
(if known)					☐ Check if this is an			
					amended filing			

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 AT & T
PO BOX 105503
Atlanta, GA 30348-5503

State what the contract or lease is for
CELL PHONE CONTRACT
ASSUME
RMP: \$50

Fill in this	s information to identify your	case:			
Debtor 1	GEORGE GREGO				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, fi	Ing) TERESA ANN BU	SHULEN Middle Name	Last Name		
United Sta	ates Bankruptcy Court for the:	MIDDLE DISTRICT OF	TENNESSEE		
Case num	nber				
(if known)				☐ Check if this is an amended filing	
Officia	al Form 106H			anones imig	
	dule H: Your Cod	ebtors		12/15	
people are fill it out, a your name	e filing together, both are equand number the entries in the e and case number (if known)	ally responsible for supp boxes on the left. Attach . Answer every question	olying correct information. If more s the Additional Page to this page. O	nd accurate as possible. If two married pace is needed, copy the Additional Page, on the top of any Additional Pages, write	
□ No					
■ Ye					
			operty state or territory? (Communicerto Rico, Texas, Washington, and W	y property states and territories include sconsin.)	
`	s. Go to line 3. s. Did your spouse, former spou	use, or legal equivalent live	e with you at the time?		
in lin Form	e 2 again as a codebtor only i	f that person is a guaran	tor or cosigner. Make sure you have	e is filing with you. List the person shown listed the creditor on Schedule D (Official edule D, Schedule E/F, or Schedule G to fill	
	Column 1: Your codebtor Name, Number, Street, City, State and ZI	P Code		The creditor to whom you owe the debt schedules that apply:	
3.1	GREGORY BUSHULEN		☐ Sche	dule D, line	
	1054 WILLIAM GLEN RD Ashland City, TN 37015			■ Schedule E/F, line <u>4.12</u>	
	Ashland City, 1N 37013		□ Sche Freedor	dule G n Road Financial	
2.0	ODEOODY BUOUN EN		5	5 "	
3.2	GREGORY BUSHULEN 1054 WILLIAM GLEN RD			dule D, line	
	Ashland City, TN 37015			dule E/F, line 4.13 dule G	
				Davidson Financial	

Schedule H: Your Codebtors

Debtor 1	tion to identify your case: GEORGE GREGG BUSHULEN		
Debtor 2 (Spouse, if filing)	TERESA ANN BUSHULEN		
United States Bar	nkruptcy Court for the: MIDDLE DISTRICT OF TENNESSEE		
Case number (If known)			heck if this is: An amended filing A supplement showing postpetition chapter 13 income as of the following date:
Official Fo	orm 106l		MM / DD/ YYYY
Schedule	I: Your Income		12/15
supplying correct spouse. If you are	and accurate as possible. If two married people are filing together (Debtor t information. If you are married and not filing jointly, and your spouse is e separated and your spouse is not filing with you, do not include informates sheet to this form. On the top of any additional pages, write your name a	living w ation abo	rith you, include information about your out your spouse. If more space is needed,
Part 1: Des	scribe Employment		

Fill in your employment Debtor 1 Debtor 2 or non-filing spouse information. □ Employed Employed If you have more than one job, **Employment status** attach a separate page with ■ Not employed ■ Not employed information about additional employers. Occupation TRUCK DRIVER Include part-time, seasonal, or JARO TRANSPORTATION self-employed work. **Employer's name SERVICES I** Occupation may include student or homemaker, if it applies. **Employer's address** 975 POST RD Warren, OH 44483 How long employed there? 1 YEAR

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 4,601.00 0.00 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. +\$ 3. 0.00 0.00 Calculate gross Income. Add line 2 + line 3. \$ 0.00 4,601.00

Case number (if known)

				F	or Debtor 1			r Debtor		
	Com	viling 4 have	4	\$	4.00	1.00	no \$	n-filing s	•	
	Сору	y line 4 here	4.	Φ	4,60	1.00	Φ_		0.00	-
5.	List a	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	669	3.00	\$		0.00	
	5b.	Mandatory contributions for retirement plans	5b.	\$		0.00	\$-		0.00	-
	5c.	Voluntary contributions for retirement plans	5c.	\$		0.00	\$		0.00	_
	5d.	Required repayments of retirement fund loans	5d.	\$		0.00	\$-		0.00	-
	5e.	Insurance	5e.	\$		0.00	\$		0.00	-
	5f.	Domestic support obligations	5f.	\$		0.00	\$		0.00	=
	5g.	Union dues	5g.	\$		0.00	\$		0.00	-
	5h.	Other deductions. Specify:	5h.+	- \$		0.00	+ \$ _		0.00	-
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	668	3.00	\$		0.00	=
7.	Calcu	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	3,93	3.00	\$_		0.00	_
8.	List a	all other income regularly received:								
	8a.	Net income from rental property and from operating a business,								
		profession, or farm								
		Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	8a.	\$		0.00	\$		0.00	
	8b.	Interest and dividends	8b.	\$		0.00	\$		0.00	-
	8c.	Family support payments that you, a non-filing spouse, or a dependen	t							=
		regularly receive								
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	0.0	ው			¢		0.00	
	8d.		8c. 8d.	\$ \$		0.00	\$_ \$		0.00	-
	ou. 8e.	Unemployment compensation Social Security	8e.	Ф \$		0.00	\$ \$		0.00	-
	8f.	Other government assistance that you regularly receive	oe.	φ		0.00	Ψ_		0.00	-
	OI.	Include cash assistance and the value (if known) of any non-cash assistance	е							
		that you receive, such as food stamps (benefits under the Supplemental	_							
		Nutrition Assistance Program) or housing subsidies.								
	_	Specify:	8f.	\$		0.00	\$_		0.00	_
	8g.	Pension or retirement income	8g.	\$		0.00	\$_		0.00	-
	8h.	Other monthly income. Specify:	8h.+	⊦ \$		0.00	+ \$_		0.00	-
9.	۸ طط	all other income. Add lines Pay Phy Pay Pd Pay Phy Pay Ph	9.	\$		0.00	\$		0.00	
9.	Auu	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	Ψ-	'	0.00	Ψ_		0.00	,
									1	
10.		ulate monthly income. Add line 7 + line 9.	10. \$		3,933.00	+ \$_		0.00	= \$	3,933.00
	Add t	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.				l L			l L	
11.	State	e all other regular contributions to the expenses that you list in Schedule	e <i>J</i> .							
		de contributions from an unmarried partner, members of your household, you	r depen	iden	its, your room	nmates	, and	I		
		r friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not	availah	ole t	n nav exnens	es list	ed in	Schedule	ا. ۵	
	Spec	·	avanak	,,,	o pay expend	,00 1100	JU 111		+\$	0.00
		·					_	1		
12.		the amount in the last column of line 10 to the amount in line 11. The re						∍.		
		e that amount on the Summary of Schedules and Statistical Summary of Certa	ain Liab	ilitie	s and Relate	d <i>Data</i>	, if it	12.	\$	3,933.00
	applie	es						12.		0,000.00
									Combin	
12	Do v	ou expect an increase or decrease within the year after you file this forn	12						monthly	y income
١٥.		·	11							
		No. Yes. Explain: DEBTOR-WIFE LOST HER JOB IN DECEMBER 2	0040							
	Ц	Yes. Explain: DEBTOR-WIFE LOST HER JOB IN DECEMBER 2	יסוס.							

1	in this informs	ation to identify w	21.15.00001			I				
FIIII	n this informa	ation to identify yo	our case:							
Debt	tor 1	GEORGE GR	REGG BL	ISHULEN			k if this is:			
	Debtor 2 Spouse, if filing) TERESA ANN BUSHULEN					☐ An amended filing ☐ A supplement showing postpetition chapter 13 expenses as of the following date:				
``		ruptcy Court for the	: MIDDL	E DISTRICT OF TENNESS	SEE	<u> </u>	MM / DD / YYYY			
							,,			
	e number nown)									
Of	ficial Fo	orm 106J								
Sc	chedule	J: Your	Exper	ises				12/15		
Be a	as complete rmation. If m	and accurate as	possible eded, atta	. If two married people ar ich another sheet to this						
Part		ribe Your House	hold							
1.	Is this a joi									
	□ No. Go to									
	■ Yes. Doe	es Debtor 2 live	in a separ	ate household?						
	■ N		st file Offic	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Debte	or 2.			
2.	Do you hav	e dependents?	□ No							
	Do not list D Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?		
	Do not state	the						□ No		
	dependents	names.			SISTER (DISA	BLED)	46 YEARS	■ Yes		
								□ No		
								☐ Yes ☐ No		
								□ Yes		
								□ No		
								☐ Yes		
3.		penses include of people other t	han I	No						
		d your depende		Yes						
Part	2: Estim	nate Your Ongoi	na Month	ly Fynenses						
Esti exp	imate your e	xpenses as of you	our bankr	uptcy filing date unless y y is filed. If this is a supp						
Incl	ude expense	es paid for with	non-cash	government assistance i	you know					
	value of suc		d have in	cluded it on Schedule I: Y	our Income		Your expe	enses		
(Oii	iciai FOIIII I	Joi.)					700.00.00			
4.		or home owners nd any rent for th		ses for your residence. In or lot.	nclude first mortgage	e 4. \$		0.00		
	If not include	ded in line 4:								
	4a. Real	estate taxes				4a. \$		0.00		
		erty, homeowner's	s, or renter	's insurance		4b. \$		0.00		
				upkeep expenses		4c. \$		0.00		
_		eowner's associa				4d. \$		0.00		
5.	Additional	mortgage paym	ents for yo	our residence, such as ho	me equity loans	5. \$		0.00		

Official Form 106J

Debtor 1 GEORGE GREGG BUSHULEN Debtor 2 TERESA ANN BUSHULEN	Case num	ber (if known)	
. Utilities:			
6a. Electricity, heat, natural gas	6a.	·	250.00
6b. Water, sewer, garbage collection	6b.	·	65.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	·	0.00
6d. Other. Specify: CELL PHONE	6d.	·	50.00
CABLE/INTERNET		\$	230.00
Food and housekeeping supplies	7.	\$	650.00
Childcare and children's education costs	8.	\$	0.00
Clothing, laundry, and dry cleaning	9.	\$	50.00
). Personal care products and services	10.	\$	50.00
Medical and dental expenses	11.	\$	500.00
 Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 	12.	\$	200.00
3. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	·	13.00
Charitable contributions and religious donations	14.	·	0.00
5. Insurance.		T	0.00
Do not include insurance deducted from your pay or included in lines 4 or 20.			
15a. Life insurance	15a.	\$	0.00
15b. Health insurance	15b.	\$	0.00
15c. Vehicle insurance	15c.	\$	125.00
15d. Other insurance. Specify:	15d.	\$	0.00
5. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$	0.00
7. Installment or lease payments:		· -	
17a. Car payments for Vehicle 1	17a.	\$	0.00
17b. Car payments for Vehicle 2	17b.		0.00
17c. Other. Specify:	17c.	\$	0.00
17d. Other. Specify:	17d.	\$	0.00
Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).		\$	0.00
Other payments you make to support others who do not live with you.		\$	0.00
Specify:	19.	-	
Other real property expenses not included in lines 4 or 5 of this form or on School	edule I: Yo	our Income.	
20a. Mortgages on other property	20a.		0.00
20b. Real estate taxes	20b.		0.00
20c. Property, homeowner's, or renter's insurance	20c.		0.00
20d. Maintenance, repair, and upkeep expenses	20d.		0.00
20e. Homeowner's association or condominium dues	20e.	\$	0.00
Description Other: Specify: PET SUPPLIES/FOOD	21.	+\$	60.00
2. Calculate your monthly expenses			
22a. Add lines 4 through 21.		\$	2,243.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c. Add line 22a and 22b. The result is your monthly expenses.		\$	2,243.00
3. Calculate your monthly net income.			
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	3,933.00
23b. Copy your monthly expenses from line 22c above.	23b.	-\$	2,243.00
23c. Subtract your monthly expenses from your monthly income.			
The result is your monthly net income.	23c.	\$	1,690.00
4. Do you expect an increase or decrease in your expenses within the year after you For example, do you expect to finish paying for your car loan within the year or do you expect you modification to the terms of your mortgage?			ease or decrease because of a

■ No. □ Yes.

Explain here:

Fill in this inforn	nation to identify your	case:		
Debtor 1	GEORGE GREGO	BUSHULEN		
	First Name	Middle Name	Last Name	
Debtor 2	TERESA ANN BU	SHULEN		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	nkruptcy Court for the:	MIDDLE DISTRICT OF	FTENNESSEE	
Case number				
(if known)				☐ Check if this is an amended filing
	=			
Official Form	<u>n 106Dec</u>			
Declarat	ion About a	ın Individua	I Debtor's Schedules	12/15
f two married pe	ople are filing togethe	r, both are equally resp	onsible for supplying correct information.	
You must file this	s form whenever you fi	ile bankruptcy schedule	es or amended schedules. Making a false s	statement concealing property or
			nkruptcy case can result in fines up to \$25	
years, or both. 18	3 U.S.C. §§ 152, 1341, 1	≀519, and 3571.		
Sign	Below			
Did you pay	or agree to pay some	one who is NOT an atto	orney to help you fill out bankruptcy forms	;?
■ No				
□ Yes N	lame of person		Attach	Bankruptcy Petition Preparer's Notice,
				ation, and Signature (Official Form 119)
Under nenal	ty of periury I declare	that I have read the cui	nmary and schedules filed with this decla	ration and
•	true and correct.	tilat i ilave read tile sui	illiary and schedules med with this decia	ration and
	RGE GREGG BUSH		X /s/ TERESA ANN BUSHU	
	GE GREGG BUSHUL e of Debtor 1	.EN	TERESA ANN BUSHULE! Signature of Debtor 2	N
Oigilatui	O O. DODIOI 1		Oignature of Debtor 2	
Date D	December 26, 2018		Date December 26, 2018	<u> </u>

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

Fill	in this inforn	nation to identify you	r case:			
De	btor 1	GEORGE GREG	G BUSHULEN			
_		First Name	Middle Name	Last Name		
	btor 2 ouse if, filing)	TERESA ANN BU	USHULEN Middle Name	Last Name		
Uni	ited States Ba	nkruptcy Court for the:	MIDDLE DISTRICT OF T	ENNESSEE		
Car	se number					
	nown)				_	heck if this is an mended filing
	ficial Fo	-	Affairs for Indivic	luals Filing for B	ankruntov	A 14 C
					equally responsible for sup	4/16
nun	nber (if knowi	n). Answer every ques			/ additional pages, write you	r name and case
1.		r current marital statu	ıs?			
	■ Married □ Not mar					
2			lived anywhere other than	where you live new?		
2.	During the id	ast 3 years, have you	iived allywhere other than v	where you live now?		
	■ No □ Yes. Lis	st all of the places you l	ived in the last 3 years. Do no	ot include where you live now		
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
3. stat					ity property state or territory co, Texas, Washington and W	
	■ No					
	_	ake sure you fill out Sch	nedule H: Your Codebtors (Of	ficial Form 106H).		
			,	,		
Pa	rt 2 Explai	n the Sources of You	r Income			
4.	Fill in the tota	al amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	Ill businesses, including part-		dar years?
	□ No					
	_	I in the details.				
			Dalitan 4		Dalitano	
			Debtor 1	Crace income	Debtor 2	Crass income
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$50,611.00	■ Wages, commissions, bonuses, tips	\$32,668.23
			☐ Operating a business		☐ Operating a business	

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2017)	■ Wages, commissions, bonuses, tips			ns, \$26,000.00
	☐ Operating a business		☐ Operating a busine	ess
For the calendar year before that: (January 1 to December 31, 2016)	■ Wages, commissions, bonuses, tips	\$50,000.00	■ Wages, commissio bonuses, tips	\$25,000.00
	☐ Operating a business		☐ Operating a busine	ess
Include income regardless of whe and other public benefit payment winnings. If you are filing a joint c List each source and the gross in No Yes. Fill in the details.	s; pensions; rental income; inter case and you have income that y	rest; dividends; money collect you received together, list it c	eted from lawsuits; royaltionly once under Debtor 1	es; and gambling and lottery
	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
Part 3: List Certain Payments Yo	ou Made Before You Filed for	Bankruptcy		
individual primarily for During the 90 days be No. Go to line Yes List below paid that not include * Subject to adjustme Yes. Debtor 1 or Debtor 2 During the 90 days be No. Go to line Yes List below include paid	r Debtor 2 has primarily consur a personal, family, or househole or a personal, family, or househole or you filed for bankruptcy, die 7. We each creditor to whom you paid creditor. Do not include paymented payments to an attorney for the person of 4/01/19 and every 3 years or both have primarily consultation of you filed for bankruptcy, die or both have primarily consultations.	Imer debts. Consumer debtald purpose." d you pay any creditor a total d a total of \$6,425* or more into the for domestic support oblighis bankruptcy case. Is after that for cases filed on timer debts. d you pay any creditor a total d a total of \$600 or more and	il of \$6,425* or more? in one or more payments gations, such as child sup or after the date of adjust of \$600 or more?	and the total amount you oport and alimony. Also, do stment.
Creditor's Name and Address	Dates of payme	ent Total amount	Amount you Was	this payment for

Statement of Financial Affairs for Individuals Filing for Bankruptcy

TERESA ANN BUSHULEN		Cas	se number (if known)		
iders include your relatives; any general pa vhich you are an officer, director, person in usiness you operate as a sole proprietor. 1	rtners; relatives of any ge control, or owner of 20%	neral partners; partners partners or more of their votin	erships of which yog g securities; and a	ou are a general ny managing ag	partner; corporation ent, including one for
No					
Yes. List all payments to an insider.					
sider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for t	his payment
ider?		yments or transfer a	any property on a	ccount of a del	ot that benefited ar
No					
. ,					
sider's Name and Address	Dates of payment	Total amount paid	Amount you still owe		
Identify Legal Actions, Repossession	s, and Foreclosures				
all such matters, including personal injury difications, and contract disputes. No					
	Nature of the case	Court or agency		Status of the	Case
	Nature of the case	Court or agency		Otatus Of the	Case
TTY: MICHAEL JACOB, II REGG G BUSHULEN	CIVIL	GENERAL SES 117 W SMITH S	SSIONS STREET	``	
ITY: MICHAEL JACOB, II ERESA ANN BUSHULEN	CIVIL	GENERAL SES 117 W SMITH S	SSIONS STREET	_	
		erty repossessed, f	oreclosed, garnis	shed, attached,	seized, or levied?
editor Name and Address	Describe the Property		Date		Value of the property
	Explain what happene	ed			property
tn: Bankruptcy O Box 22048	☐ Property was foreclo☐ Property was garnish	sed. ned.	12/2	/18	\$10,000.00
	☐ Property was attached	ed, seized or levied.			
	TERESA ANN BUSHULEN thin 1 year before you filed for bankrupter iders include your relatives; any general pay which you are an officer, director, person in usiness you operate as a sole proprietor. 1 mony. No Yes. List all payments to an insider. Sider's Name and Address thin 1 year before you filed for bankrupter ider? Inde payments on debts guaranteed or cos No Yes. List all payments to an insider Sider's Name and Address Identify Legal Actions, Repossession thin 1 year before you filed for bankrupter at all such matters, including personal injury diffications, and contract disputes. No Yes. Fill in the details. Insee title Insee number Insective Augustus Insee title Insee number Insective Augustus Insee title Insee Ty: MICHAEL JACOB, II Insective Augustus Inseed BUSHULEN Insective Augustus Insective	thin 1 year before you filed for bankruptcy, did you make a paymiders include your relatives; any general partners; relatives of any ge which you are an officer, director, person in control, or owner of 20% usiness you operate as a sole proprietor. 11 U.S.C. § 101. Include payonony. No Yes. List all payments to an insider. Sider's Name and Address Dates of payment Thin 1 year before you filed for bankruptcy, did you make any payonder? The payments on debts guaranteed or cosigned by an insider. No Yes. List all payments to an insider Sider's Name and Address Dates of payment Column Payon Pay	thin 1 year before you filed for bankruptcy, did you make a payment on a debt you of iders include your relatives; any general partners; relatives of any general partners; partners you are an officer, director, person in control, or owner of 20% or more of their votin suriness you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic nony. No Yes. List all payments to an insider. sider's Name and Address Dates of payment Total amount paid thin 1 year before you filed for bankruptcy, did you make any payments or transfer rider? Include payments on debts guaranteed or cosigned by an insider. No Yes. List all payments to an insider Identify Legal Actions, Repossessions, and Foreclosures In 1 year before you filed for bankruptcy, were you a party in any lawsuit, court act all such matters, including personal injury cases, small claims actions, divorces, collectic diffications, and contract disputes. No Yes. Fill in the details. In the details and the details below. In the details and the details	TERESA ANN BUSHULEN Case number (phonomy) thin 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who folders include your relatives; any general partners; relatives of any general partners; partnerships of which yo which yo was an officer, director, person in control, or owner of 20% or more of their voting securities; and usiness you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligation form. No Yes. List all payments to an insider. sider's Name and Address Dates of payment Total amount paid Amount you still owe him 1 year before you filed for bankruptcy, did you make any payments or transfer any property on a depression of the paid in the	thin 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an inside dors include your relatives, any general partners, relatives of any general partners, relatives of any general partners, relatives of any general partners, partnerships of which you are a general gualeness you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child DOTY. No Yes. List all payments to an insider. Sider's Name and Address Dates of payment Total amount paid Amount you still owe Reason for it include? No Yes. List all payments to an insider. Sider's Name and Address Dates of payment Total amount paid Amount you still owe Reason for it include credit ider? No Yes. List all payments to an insider sider's Name and Address Dates of payment Total amount paid Amount you still owe Reason for it include credit include credit include credit include credit Identify Legal Actions, Repossessions, and Foreclosures Total amount paid Amount you still owe Reason for it include credit include credit include credit Identify Legal Actions, Repossessions, and Foreclosures Total amount paid Amount you still owe Reason for it include credit include credit include credit Identify Legal Actions, Repossessions, and Foreclosures Total amount paid Amount you still owe Reason for it include credit include credit include credit Include credit Include credit Reason for it include credit include credit Include credit

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 3

	otor 1 otor 2	GEORGE GREGG BUSHULEN TERESA ANN BUSHULEN	l	Case num	aber (if known)	
11.	accol	n 90 days before you filed for bank unts or refuse to make a payment b No Yes. Fill in the details.		did any creditor, including a bank or financia you owed a debt?	ll institution, set off any a	amounts from your
	_	litor Name and Address	De	escribe the action the creditor took	Date action was	Amount
					taken	
12.		n 1 year before you filed for bankru -appointed receiver, a custodian, o		vas any of your property in the possession of er official?	an assignee for the bene	efit of creditors, a
	_	No				
		Yes				
Par	t 5:	List Certain Gifts and Contribution	ıs			
13.	_	n 2 years before you filed for bankr No	uptcy,	did you give any gifts with a total value of mo	re than \$600 per person	?
		Yes. Fill in the details for each gift.				
		s with a total value of more than \$60 person	00	Describe the gifts	Dates you gave the gifts	Value
	Pers Addı	on to Whom You Gave the Gift and ress:				
■ No		•	,	did you give any gifts or contributions with a	total value of more than	\$600 to any charity?
Par	more Char	s or contributions to charities that the than \$600 rity's Name ress (Number, Street, City, State and ZIP Cod		Describe what you contributed	Dates you contributed	Value
	Withi		ptcy or	r since you filed for bankruptcy, did you lose	anything because of thef	t, fire, other disaster
	I	No				
		Yes. Fill in the details.				
		cribe the property you lost and	Descr	ibe any insurance coverage for the loss	Date of your	Value of property
	now	the loss occurred		e the amount that insurance has paid. List pendinnce claims on line 33 of Schedule A/B: Property.		lost
Par	t 7:	List Certain Payments or Transfer	s			
16.		ulted about seeking bankruptcy or	prepari	lid you or anyone else acting on your behalf p ing a bankruptcy petition? rs, or credit counseling agencies for services req		rty to anyone you
		on Who Was Paid		Description and value of any property	Date payment	Amount of
	Addı Ema		ou (transferred	or transfer was made	payment
	Aba 1576	cus Credit Counseling 60 Ventura Blvd, Ste 700 ino, CA 91436		CREDIT COUNSELING	12/17/18	\$25.00

Statement of Financial Affairs for Individuals Filing for Bankruptcy

17.	Within 1 year before you filed for bankruptcy, promised to help you deal with your creditors. Do not include any payment or transfer that you No Yes. Fill in the details.	s or to make payments			or transfer any proper	ty to anyone who
	Person Who Was Paid Address	Description and v transferred	alue of any prop	erty	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bankruptor transferred in the ordinary course of your bust Include both outright transfers and transfers mad include gifts and transfers that you have already No Yes. Fill in the details.	siness or financial affa de as security (such as t	nirs? he granting of a s			
	Person Who Received Transfer Address Person's relationship to you	Description and v property transferr			any property or received or debts change	Date transfer was made
19.	Within 10 years before you filed for bankruptobeneficiary? (These are often called asset-protein No Yes. Fill in the details.		y property to a s	elf-settled tru	ust or similar device o	of which you are a
	Name of trust	Description and v	alue of the prope	erty transferr	red	Date Transfer was made
	Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associ	, were any financial ac	counts or instrui	ments held ir of deposit; sh		
	■ No □ Yes. Fill in the details.					
		Last 4 digits of account number	Type of accour instrument	clo mo	te account was osed, sold, oved, or nsferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 ye cash, or other valuables? No Yes. Fill in the details.	ear before you filed for	bankruptcy, any	<i>ı</i> safe deposi	t box or other deposi	tory for securities,
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe the	contents	Do you still have it?
22.	Have you stored property in a storage unit or ■ No □ Yes. Fill in the details.	place other than your	home within 1 y	ear before yo	ou filed for bankruptc	y?
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		Describe the	contents	Do you still have it?

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Pai	t 9:	Identify Property You Hold or Control for	Someone Else					
23.		you hold or control any property that someo someone.	one else owns? Include any proper	ty y	ou borrowed from, are storing fo	r, or hold in trust		
		No						
		Yes. Fill in the details.						
	_	vner's Name Idress (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	De	scribe the property	Value		
Pai	t 10:	Give Details About Environmental Information	ation					
For	the	purpose of Part 10, the following definitions	apply:					
	tox	vironmental law means any federal, state, or ic substances, wastes, or material into the a ulations controlling the cleanup of these sul	ir, land, soil, surface water, ground	_	•			
		e means any location, facility, or property as own, operate, or utilize it, including disposal	-	law,	whether you now own, operate,	or utilize it or used		
		zardous material means anything an environ ardous material, pollutant, contaminant, or s		s wa	ste, hazardous substance, toxic	substance,		
Rep	ort a	all notices, releases, and proceedings that ye	ou know about, regardless of wher	n the	ey occurred.			
24.	Has	s any governmental unit notified you that you	u may be liable or potentially liable	unc	der or in violation of an environm	ental law?		
		No						
		Yes. Fill in the details.						
		me of site Idress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	d	Environmental law, if you know it	Date of notice		
25.	Have you notified any governmental unit of any release of hazardous material?							
		No Yes. Fill in the details.						
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice		
26.	Hav	ve you been a party in any judicial or adminis	strative proceeding under any envi	ironi	mental law? Include settlements	and orders.		
		No						
		Yes. Fill in the details.						
		se Title se Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ture of the case	Status of the case		
Pai	t 11:	Give Details About Your Business or Con	nections to Any Business					
27.	Wit	— hin 4 years before you filed for bankruptcy, (did you own a business or have ar	nv of	the following connections to an	v husiness?		
	••••	☐ A sole proprietor or self-employed in a t	•	•		y business.		
		☐ A member of a limited liability company	•		·			
		☐ A partner in a partnership	(===) or miniou hability partite on	P (L	 - ,			
		☐ An officer, director, or managing execut	tive of a corporation					
		☐ An owner of at least 5% of the voting or	·					
		oo. o. at loadt 0/0 of the voting of	Tamin South Mico of a corporation					

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 6

	betor 1 GEORGE GREGG BUSHULEN TERESA ANN BUSHULEN		Case number (if known)
	■ No. None of the above applies. Go □ Yes. Check all that apply above and	to Part 12. d fill in the details below for each business.	
	Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
28.	Within 2 years before you filed for bank institutions, creditors, or other parties. No Yes. Fill in the details below.	ruptcy, did you give a financial statement to	anyone about your business? Include all financial
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued	
havire vith	true and correct. I understand that making has bankruptcy case can result in fines up U.S.C. §§ 152, 1341, 1519, and 3571. GEORGE GREGG BUSHULEN EORGE GREGG BUSHULEN	ng a false statement, concealing property, or to \$250,000, or imprisonment for up to 20 yr /s/ TERESA ANN BUSHULE TERESA ANN BUSHULEN	
Sig	gnature of Debtor 1 ite December 26, 2018	Signature of Debtor 2 Date December 26, 2018	
I	. •	tement of Financial Affairs for Individuals Fili	ing for Bankruptcy (Official Form 107)?
■ N	No	s not an attorney to help you fill out bankrupt nkruptcy Petition Preparer's Notice, Declaration,	

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the Chapter 7 Means Test Calculation (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the Chapter 7 Means Test Calculation (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called exempt property. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on Schedule C: The Property You Claim as Exempt (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy CourtMiddle District of Tennessee

In re	TERESA ANN BUSHULEN		Case No.		
mic	TERESA ANN BUSHULEN	Debtor(s)	Chapter	13	
	VERI	FICATION OF CREDITOR	R MATRIX		
The ab	ove-named Debtors hereby verify that	at the attached list of creditors is true and	correct to the best	of their knowledge.	
Date:	December 26, 2018	GEORGE GREGG BUSHULE	/s/ GEORGE GREGG BUSHULEN GEORGE GREGG BUSHULEN		
Date:	December 26, 2018	Signature of Debtor /s/ TERESA ANN BUSHULEN	N		

Signature of Debtor

GEORGE GREGG BUSHULEN 160 CATTAIL LANE HENDERSONVILLE TN 37075

TERESA ANN BUSHULEN
160 CATTAIL LANE
HENDERSONVILLE TN 37075

DANIEL T. CASTAGNA FLEXER LAW, PLLC 1900 CHURCH STREET, SUITE 400 NASHVILLE, TN 37203

ADVANCED HEALTH PARTNERS D/B/A HASLAM HAND CENTER PO BOX 292367 NASHVILLE TN 37229-2367

AFFILIATED CREDITORS INC PO BOX 292617 NASHVILLE TN 37229-2617

CAPITAL ONE ATTN: BANKRUPTCY PO BOX 30285 SALT LAKE CITY UT 84130

COMENITYBANK/NEW YORK ATTN: BANKRUPTCY DEPT PO BOX 182125 COLUMBUS OH 43218

CREDIT CONTROL, LLC 5757 PHANTOM DR STE 330 HAZELWOOD MO 63042

CREDIT FIRST NATIONAL ASSOCIATION ATTN: BANKRUPTCY PO BOX 81315 CLEVELAND OH 44181

DILLARDS CARD SRVS/WELLS FARGO BANK NA PO BOX 10347 DES MOINES IA 50306

DR. MICHAEL DIAZ 105 GLEN OAK BLVD SUITE 200 HENDERSONVILLE TN 37075

FINANCIAL RESPONSIBLE DEBT COLLECTION PO BOX 2856 CHESAPEAKE VA 23327-2856

FIRST FINANCIAL ASSET MGMT, INC. GLOBAL RECEIVABLE PORTFOLIO SOLUTIONS 3091 GOVERNORS LAKE DRIVE, SUITE 500 NORCROSS GA 30071

FORTIVA ATTN: BANKRUPTCY

PO BOX 105555 ATLANTA GA 30348

FREEDOM ROAD FINANCIAL ATTN: BANKRUPTCY DEPT. 10509 PROFESSIONAL CIRCLE, SUITE 202 RENO NV 89521

GHERTNER AND CO 413 7TH AVE S NASHVILLE TN 37203

GREGORY BUSHULEN 1054 WILLIAM GLEN RD ASHLAND CITY TN 37015

HARLEY DAVIDSON FINANCIAL ATTN: BANKRUPTCY PO BOX 22048 CARSON CITY NV 89721

HE STARK COL ATTN: BANKRUPTCY PO BOX 45710 MADISON WI 53744

HENDERSONVILLE MEDICAL CENTER PO BOX 740757 CINCINNATI OH 45274-0757

LABPLUS LLC 8085 RIVERS AVE #100 CHARLESTON SC 29406

LVNV FUNDING/RESURGENT CAPITAL C/O RESURGENT CAPITAL SERVICES GREENVILLE SC 29602

MCCARTHY, BURGESS, & WOLFF THE MB&W BUILDING 26000 CANNON ROAD BEDFORD OH 44146

MICHAEL JACOB, II PO BOX 948 OXFORD MS 38655 MIDDLE TENNESSEE IMAGING, LLC 75 REMITTANCE DRIVE SUITE 6013 CHICAGO IL 60675-6013

MIDLAND FUNDING 2365 NORTHSIDE DR STE 300 SAN DIEGO CA 92108

NATIONAL RECOVERY AGENCY ATTN: BANKRUPTCY PO BOX 67015 HARRISBURG PA 17106

NISSAN MOTOR ACCEPTANCE CORP/INFINITY LT ATTN: BANKRUPTCY PO BOX 660360 DALLAS TX 75266

NISSAN MOTOR ACCEPTANCE CORPORATION P.O. BOX 660366 DALLAS TX 75266-0366

NPAS, INC PO BOX 99400 LOUISVILLE KY 40269

PATHGROUP
PO BOX 740858
CINCINNATI OH 45274-0858

PORTFOLIO RECOVERY PO BOX 41021 NORFOLK VA 23541

PREMIER ORTHOPAEDIC SURGERY CENTER LLC 394 HARDING PLACE, SUITE 100 NASHVILLE TN 37211

PREMIER RADIOLOGY 28 WHITE BRIDGE RD. NASHVILLE TN 37205

PREMIERE CREDIT OF NORTH AMERICA, LLC PO BOX 199014 INDIANAPOLIS IN 46219

SAINT THOMAS MEDICAL PARTNERS ATTN #13380E PO BOX 14000 BELFAST ME 04915

SECOND ROUND SUB LLC 1701 DIRECTORS BLVD AUSTIN TX 78744 ST THOMAS WEST HOSPITAL PO BOX 501052 SAINT LOUIS MO 63150-1052

SUMNER COUNTY ER 555 HARTSVILLE PIKE GALLATIN TN 37066

SUNTRUST BANK
ATTN: BANKRUPTCY
MAIL CODE VA-RVW-6290 PO BOX 85092
RICHMOND VA 23286

TENNESSEE HEART AND VASCULAR PO BOX 740776 CINCINNATI OH 45274-0776

TENNESSEE ORTHOPAEDIC ALLIANCE PO BOX 9124 MINNEAPOLIS MN 55480-9124

US BANK HOME MORTGAGE ATTN: BANKRUPTCY PO BOX 5229 CINCINNATI OH 45201

WELLS FARGO ATTN: BANKRUPTCY PO BOX 51193 LOS ANGELES CA 90051